| 10  | 1040593   |  |  |  |  |
|---|---|--|--|--|--|
| UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549  RECEIVED   |   |  |  |  |  |
| FORM D MAY 0 6 3  | SEC USE ONLY  |  |  |  |  |
| NOTICE OF SALE OF SECURIFIES PURSUANT TO REGULATION D. 202 SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTIO                               | Prefix Serial  DATE RECEIVED  |  |  |  |  |
| Name of Offering ( check if this is an amendment and name has changed, and indicate change Carrizo Oil & Gas, Inc.                              | e.)   |  |  |  |  |
| Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506  Type of Filing: New Filing Amendment                                       | Section 4(6) ULOE   |  |  |  |  |
| A. BASIC IDENTIFICATION DATA  | (大型)。<br>(1) (1) (1) (2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4 |  |  |  |  |
| 1. Enter the information requested about the issuer   |   |  |  |  |  |
| Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)  Carrizo Oil & Gas, Inc.                             |   |  |  |  |  |
| Address of Executive Offices (Number and Street, City, State, Zip Code)  1000 Louisiana Street, Suite 1500, Houston, Texas 77002                | Telephone Number (Including Area Code) 713-328-1000                     |  |  |  |  |
| Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)                       | Telephone Number (Including Area Code)                                  |  |  |  |  |
| Brief Description of Business  Exploration, development, exploitation and production of oil and natural gas                                     | PROCESSED   |  |  |  |  |
| Type of Business Organization    Corporation  | THOMS   |  |  |  |  |
| Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation CN for Canada; FN for other foreign jurisdict |   |  |  |  |  |

## GENERAL INSTRUCTIONS

## Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

## State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

## **ATTENTION**

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

| ·      | •.  |   |   |   |                     |                                   |
|--------|---|---|---|---|---------------------|-----------------------------------|
|        |   | 60 - 1 de - 1 grit<br>2 de septembre de la 120 de septembre de | A. BASIC IDEN                                   | TIFICATION DATA                         |                     |                                   |
| 2. En  | ter the information                               | requested for the fo  | ollowing:                                       |   |                     |                                   |
| •      | Each promoter o                                   | f the issuer, if the i  | issuer has been organized                       | within the past five years;             |                     |                                   |
| •      | Each beneficial securities of the                 |   | power to vote or dispose                        | , or direct the vote or dis             | position of, 10%    | or more of a class of equity      |
| •      | Each executive of                                 | officer and director  | of corporate issuers and o                      | of corporate general and m              | anaging partners of | of partnership issuers; and       |
| •      | Each general and                                  | l managing partner  | of partnership issuers.                         |   |                     |                                   |
| Check  | Box(es) that Apply                                | r: Promoter   | Beneficial Owner                                | Executive Officer                       | □ Director          | General and/or Managing Partner   |
| Johns  | lame (Last name firson, Sylvester P., IV          | 7   |   |   |                     |                                   |
|        |   | ,   | d Street, City, State, Zip C                    | Code)                                   |                     |                                   |
|        | Louisiana Street, S<br>Box(es) that Apply         |   | Beneficial Owner                                | Executive Officer                       | Director            | General and/or                    |
|        |   |   |   |   |                     | Managing Partner                  |
| Boling | lame (Last name fir:                              |   |   |   | ,                   |                                   |
|        | ess or Residence Ad<br><b>Louisiana Street, S</b> | ,   | d Street, City, State, Zip C                    | Code)                                   |                     |                                   |
|        | Box(es) that Apply                                |   | Beneficial Owner                                | Executive Officer                       | ☐ Director          | General and/or Managing Partner   |
|        | lame (Last name fir:                              | st, if individual)  |   |   |                     |                                   |
|        | ess or Residence Ac<br>Louisiana Street, S        |   | d Street, City, State, Zip C<br>on, Texas 77002 | Code)                                   |                     |                                   |
| Check  | Box(es) that Apply                                | r: Promoter   | Beneficial Owner                                | ⊠ Executive Officer                     | ☐ Director          | General and/or Managing Partner   |
|        | lame (Last name firs<br>r, J. Bradley             | st, if individual)  |   |   |                     |                                   |
| 1000   | Louisiana Street, S                               | uite 1500, Housto   | d Street, City, State, Zip C<br>on, Texas 77002 | Code)                                   |                     |                                   |
|        | Box(es) that Apply                                |   | Beneficial Owner                                | Executive Officer                       | ☐ Director          | ☐ General and/or Managing Partner |
| Evans  | lame (Last name first, Gregory E.                 | ·   |   |   |                     |                                   |
|        | ess or Residence Ac<br>Louisiana Street, S        | •   | d Street, City, State, Zip C                    | Code)                                   |                     |                                   |
|        | Box(es) that Apply                                |   | Beneficial Owner                                | Executive Officer                       | □ Director          | General and/or Managing Partner   |
|        | lame (Last name firster, Steven A.                | st, if individual)  |   |   |                     |                                   |
|        | ess or Residence Ac<br>Louisiana Street, S        |   | d Street, City, State, Zip Con, Texas 77002     | Code)                                   |                     |                                   |
| Check  | Box(es) that Apply                                | r: Promoter   | Beneficial Owner                                | Executive Officer                       | □ Director          | General and/or Managing Partner   |
|        | lame (Last name fire Paul B., Jr.                 | st, if individual)  |   |   |                     |                                   |
|        | ess or Residence Ac<br><b>Louisiana Street, S</b> | •   | d Street, City, State, Zip C<br>on, Texas 77002 | Code)                                   |                     |                                   |
|        | Box(es) that Apply                                |   | Beneficial Owner                                | Executive Officer                       | ☐ Director          | General and/or Managing Partner   |
| Carte  | ame (Last name firer, Thomas L., Jr.              |   |   | *************************************** |                     |                                   |
|        | ess or Residence Ac<br>Louisiana Street, S        | •   | d Street, City, State, Zip C                    | Code)                                   |                     |                                   |
|        | Roy(es) that Apply                                |   |   | Fyecutive Officer                       | ☐ Director          | General and/or                    |

2 of 6

HOU03:1019968

SEC 1972 (6/02)

|   |                  |                   | Managing Partner                |
|---|------------------|-------------------|---------------------------------|
| Full Name (Last name first, if individual)  |                  |                   |                                 |
| Ramsey, Roger A.  |                  | ·                 |                                 |
| Business or Residence Address (Number and S 1000 Louisiana Street, Suite 1500, Houston, |                  | ode)              |                                 |
| Check Box(es) that Apply:  Promoter   | Beneficial Owner | Executive Officer | General and/or Managing Partner |
| Full Name (Last name first, if individual)  |                  | ·                 |                                 |
| Parker, F. Gardner  |                  | _                 |                                 |
| Business or Residence Address (Number and S 1000 Louisiana Street, Suite 1500, Houston, |                  | ode)              |                                 |
| Check Box(es) that Apply:   Promoter  | Beneficial Owner | Executive Officer | General and/or Managing Partner |
| Full Name (Last name first, if individual)  |                  |                   |                                 |
| Wojtek, Frank A.  |                  |                   |                                 |
| Business or Residence Address (Number and S 1000 Louisiana Street, Suite 1500, Houston, |                  | ode)              |                                 |
|   |                  |                   |                                 |

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

| -gae     |   |   |                                       |                              | B.                                       | INFORI                       | MATION                       | N ABOU                       | T OFFE                       | RING                         | No.                          |   |                              |                       | Jegina j                 |
|----------|---|---|---------------------------------------|------------------------------|--|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|---|------------------------------|-----------------------|--------------------------|
|          | Y   |   | 1 .1                                  |                              | . 1.                                     | 11 4                         |                              | 1., 1.                       |                              |                              |                              |   |                              | Yes                   | No                       |
| 1.       | Has the issu                                      | ier sold,   | or does th                            |                              |  |                              |                              |                              |                              | nis offerii<br>under UL      | _                            |   |                              |                       | $\boxtimes$              |
| 2.       | What is the                                       | minimui   | n investn                             |                              |  |                              | -                            |                              | _                            |                              |                              |   |                              | N/A                   |                          |
| 2        |   |   |                                       |                              |  |                              |                              |                              |                              |                              |                              |   |                              | Yes                   | No                       |
| 3.<br>4. | Does the of<br>Enter the in                       |   |                                       |                              | -  | _                            |                              |                              |                              |                              |                              |   |                              |                       | or similar               |
| ••       | remuneration person or a than five (5 dealer only | on for solgent of a solgent of | licitation<br>broker o                | of purchar<br>or dealer i    | asers in c<br>registered                 | onnection                    | n with sa<br>s SEC and       | les of sed<br>d/or with      | curities in a state o        | the offer states, l          | ring. If                     | a person<br>ame of th                   | to be liste<br>e broker (    | ed is an<br>or deale: | associated<br>r. If more |
| Ful      | l Name (Las                                       | t name fi   | rst, if ind                           | ividual)                     |  |                              |                              |                              |                              |                              |                              |   |                              |                       |                          |
| Bu:      | siness or Res                                     | idence A  | ddress (N                             | Jumber a                     | nd Street.                               | City, Sta                    | ate, Zip C                   | Code)                        |                              | -                            |                              |   |                              |                       |                          |
|          |   |   | · · · · · · · · · · · · · · · · · · · |                              |  |                              |                              |                              |                              |                              |                              |   |                              |                       |                          |
| Na       | me of Associ                                      | iated Bro   | ker or De                             | aler                         |  |                              |                              |                              |                              | •                            |                              |   |                              |                       |                          |
| Sta      | tes in Which                                      | Person L  | isted Ha                              | s Solicite                   | d or Inter                               | nds to So                    | licit Purc                   | hasers                       |                              |                              |                              |   |                              |                       |                          |
|          | (Check "Al  | l States"   | or check                              | individua                    | ıl States).                              |                              |                              | •••••                        | •••••                        | •••••                        |                              |   |                              | 🔲 🔏                   | All States               |
|          | [AL]<br>[IL]<br>[MT]<br>[RI]                      | [AK]<br>[IN]<br>[NE]<br>[SC]  | [AZ]<br>[IA]<br>[NV]<br>[SD]          | [AR]<br>[KS]<br>[NH]<br>[TN] | [CA]<br>[KY]<br>[NJ]<br>[TX]             | [CO]<br>[LA]<br>[NM]<br>[UT] | [CT]<br>[ME]<br>[NY]<br>[VT] | [DE]<br>[MD]<br>[NC]<br>[VA] | [DC]<br>[MA]<br>[ND]<br>[WA] | [FL]<br>[MI]<br>[OH]<br>[WV] | [GA]<br>[MN]<br>[OK]<br>[WI] | [HI]<br>[MS]<br>[OR]<br>[WY]            | [ID]<br>[MO]<br>[PA]<br>[PR] |                       |                          |
| <br>Ful  | l Name (Las                                       |   |                                       |                              |  |                              |                              |                              |                              |                              |                              |   |                              |                       |                          |
|          |   |   |                                       | · - · · ·                    |  |                              |                              |                              |                              |                              |                              |   |                              | ·····                 |                          |
| Bus      | siness or Res                                     | idence A  | ddress (N                             | Number a                     | nd Street,                               | City, Sta                    | ate, Zip C                   | Code)                        |                              |                              |                              |   |                              |                       |                          |
| Naı      | me of Associ                                      | iated Bro   | ker or De                             | aler                         |  |                              |                              |                              |                              |                              |                              |   |                              |                       |                          |
| Sta      | tes in Which                                      | Person I  | isted Ha                              | s Solicite                   | d or Inter                               | nds to So                    | licit Purc                   | hasers                       |                              |                              |                              |   |                              |                       |                          |
|          | (Check "Al  | l States"   | or check                              | individua                    | ıl States).                              |                              | •••••                        | ••••                         |                              |                              | ••••••                       | • |                              | 🔲 .                   | All States               |
|          | [AL]<br>[IL]<br>[MT]<br>[RI]                      | [AK]<br>[IN]<br>[NE]<br>[SC]  | [AZ]<br>[IA]<br>[NV]<br>[SD]          | [AR]<br>[KS]<br>[NH]<br>[TN] | [CA]<br>[KY]<br>[NJ]<br>[TX]             | [CO]<br>[LA]<br>[NM]<br>[UT] | [CT]<br>[ME]<br>[NY]<br>[VT] | [DE]<br>[MD]<br>[NC]<br>[VA] | [DC]<br>[MA]<br>[ND]<br>[WA] | [FL]<br>[MI]<br>[OH]<br>[WV] | [GA]<br>[MN]<br>[OK]<br>[WI] | [HI]<br>[MS]<br>[OR]<br>[WY]            | [ID]<br>[MO]<br>[PA]<br>[PR] |                       |                          |
| Ful      | l Name (Las                                       | t name fi   | rst, if ind                           | ividual)                     |  |                              |                              |                              |                              |                              |                              |   |                              |                       |                          |
| Bu       | siness or Res                                     | idence A  | ddress (N                             | Number a                     | nd Street,                               | City, Sta                    | ate, Zip C                   | Code)                        |                              |                              | -                            |   |                              |                       |                          |
| Naı      | me of Associ                                      | iated Bro   | ker or De                             | aler                         | 7-10-1-10-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1- |                              |                              |                              |                              |                              |                              |   | •                            |                       |                          |
| Sta      | tes in Which                                      | Person L  | isted Ha                              | s Solicite                   | d or Inter                               | nds to So                    | licit Purc                   | hasers                       |                              |                              |                              |   |                              |                       |                          |
|          | (Check "Al  |   |                                       |                              |  |                              |                              |                              |                              |                              |                              |   |                              | 🔲 🛚                   | All States               |
|          | [AL]<br>[IL]<br>[MT]<br>[RI]                      | [AK]<br>[IN]<br>[NE]<br>[SC]  | [AZ]<br>[IA]<br>[NV]<br>[SD]          | [AR]<br>[KS]<br>[NH]<br>[TN] | [CA]<br>[KY]<br>[NJ]<br>[TX]             | [CO]<br>[LA]<br>[NM]<br>[UT] | [CT]<br>[ME]<br>[NY]<br>[VT] | [DE]<br>[MD]<br>[NC]<br>[VA] | [DC]<br>[MA]<br>[ND]<br>[WA] | [FL]<br>[MI]<br>[OH]<br>[WV] | [GA]<br>[MN]<br>[OK]<br>[WI] | [HI]<br>[MS]<br>[OR]<br>[WY]            | [ID]<br>[MO]<br>[PA]<br>[PR] |                       |                          |

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

| 44 | C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES   | AND USE OF PROCE             | EDS                    |
|----|--|------------------------------|------------------------|
|    | Enter the aggregate offering price of securities included in this offering and the total am already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchangering, check this box $\square$ and indicate in the columns below the amounts of the secur offered for exchange and already exchanged.  | ange                         |                        |
|    | Type of Security   | Aggregate<br>Offering Price  | Amount<br>Already Sold |
|    | Debt Equity  | \$ <u>0</u><br>\$ 1,790,755* | - \$ <u> </u>          |
|    | ☐ Common ☐ Preferred   |                              |                        |
|    | <del></del>  | \$ 0                         | \$ 0                   |
|    | Convertible Securities (including warrants)  Partnership Interests   | \$ 0                         | \$                     |
|    | Other (participation rights in food and beverage business)   | \$ 0                         | - \$ <del>- 0</del>    |
|    | Total  | \$ 1,790,755 <sup>*</sup>    | \$ 0                   |
|    | Answer also in Appendix, Column 3, if filing unde  | r ULOE.                      |                        |
|    | Enter the number of accredited and non-accredited investors who have purchased secur in this offering and the aggregate dollar amounts of their purchases. For offerings u Rule 504, indicate the number of persons who have purchased securities and the aggred dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero dollar amount of their purchases on the total lines.  | nder<br>egate                | Aggregate              |
|    |  | Number of                    | Dollar Amount          |
|    |  | Investors                    | of Purchases           |
|    | Accredited Investors   | 1 <sup>+</sup>               | \$ 1,790,755*          |
|    | Non-accredited Investors   | 0                            | \$0                    |
|    | Total (for filings under Rule 504 only)  |                              | - \$ <del></del>       |
|    | Answer also in Appendix, Column 4, if filing under   |                              | Ψ                      |
|    | * The shares were issued to Panamerican Operating, Inc. as partial payment the sale of interests in certain oil and gas leases. The aggregate offering priction the total value of the shares issued, as determined by agreement of the partied.  + In connection with the closing, a portion of the securities were transferred third party, who is also an accredited investor.  If this filing is for an offering under Rule 504 or 505, enter the information requested for the state of the transition and the state of the sta | ce is es. to a or all        |                        |
|    | securities sold by the issuer, to date, in offerings of the types indicated, in the twelve months prior to the first sale of securities in this offering. Classify securities by type li in Part C - Question 1.   | isted                        |                        |
|    | Type of Offering   | Type of<br>Security          | Dollar Amount<br>Sold  |
|    | Rule 505   |                              | \$                     |
|    | Regulation A   |                              | \$                     |
|    | Rule 504   |                              | \$                     |
|    | Total  |                              | \$                     |
|    | a. Furnish a statement of all expenses in connection with the issuance and distribution the securities in this offering. Exclude amounts relating solely to organization expense the issuer. The information may be given as subject to further contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of estimate.  | es of<br>ount                |                        |
|    | Transfer Agent's Fees  |                              | •                      |
|    | Transfer Agent's Fees Printing and Engraving Costs   |                              | \$                     |
|    | Table  |                              | \$<br>\$               |
|    | Legal Fees   |                              | φ <u>10,000</u>        |
|    | Accounting Fees  |                              | <b>D</b>               |
|    | Engineering Fees   | . 🗀 .                        | Φ                      |

| Sales Commissions (specify finders'  | face compared by   |  |  |
|--|--|--|--|
|  | iees separately)   | <u></u>  | \$   |
| Other Expenses (identify)  |  |  | \$   |
| Total  |  |  | \$10,000   |
| Question 1 and total expenses furnis   | aggregate offering price given in response hed in response to Part C - Question 4.a. Teeds to the issuer"  | This   | \$1,780,755  |
| be used for each of the purposes sh<br>furnish an estimate and check the box   | usted gross proceeds to the issuer used or own. If the amount for any purpose is to the left of the estimate. The total of the roceeds to the issuer set forth in response   | not known,<br>ne payments  |  |
|  |  | Directors & Affiliat   |  |
| Salaries and fees  |  | □ <b>s</b>   | □ s  |
| Durchase of real actate  |  | □ €  |  |
| Purchase, rental or leasing and instal   | lation of machinery and equipment  | □ \$   |  |
| Construction or leasing of plant buil-   |  |  |  |
| Acquisition of other businesses (inc   | luding the value of securities   |  |  |
| involved in this offering that may   | be used in exchange for the pursuant to a merger)  | □ <b>\$</b>  | □ \$   |
| Renayment of indebtedness  |  |  |  |
| NI/  |  | □ <b>.</b>   |  |
| Other (specify): Partial payment for   |  |  |  |
| Operating, Inc. of interests in cert   | ain oil and gas leases.  | \$   | 🛭 🖺 \$1,790,755  |
|  |  |  | 🛛 \$1,790,755  |
| Total Payments Listed (colu  | ımn totals added)  |  | 1,790,755  |
| VOLUME VALUE AND ALL MARKET ALL OLD FRANCES AND ALL OF THE ALL OLD | College Supplementary of the College Suppleme | CANCEL CANCEL CONTROL OF THE CANCEL C | and the state of t |
|  | D. FEDERAL SIGNATUR  |  |  |
| llowing signature constitutes an underta   | be signed by the undersigned duly authorized by the issuer to furnish to the U.S. So issuer to any non-accredited investor pure to the control of the contro | ecurities and Exchange Com   | mission, upon written request  |
| suer (Print or Type)   | Signature  | Date   |  |
| arrizo Oil & Gas, Inc.   | Mad No   | May <u>3</u> , 2005  |  |
| ame of Signer (Print or Type)  | Title of Signer (Print or Type)  |  |  |
| aul F. Boling  | Chief Financial Officer, Vice Pres   | ident, Secretary and Treas   | urer   |